

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4						
5						
6		5				
7	1					
8		1				
9						
10						
11		1				
12		5				
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46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	18					
TOTAL CLAIMS	20					

8  
17

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						